The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

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The Canadian Nurse

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SOME TRENDS IN AMERICAN NURSING

MARY M. ROBERTS, R.N., Editor, The American Journal of Nursing.

We, in what Canadians call "the States", quite generally believe that we are in the midst of a true social revolution which has gathered tremendous momentum under the popular title of "The New Deal." The kindly gentleman who guides our destinies from the White House is, by many, felt to be as much a dictator as Mussolini, or Hitler, or Stalin, but he uses his vast powers differently. Under his guidance "leadership and initiative in the organization of social forces has been taken by the federal government and, as in all mass movements, things precious to individuals and to groups tend to lose identity."

Nursing and the N.R.A.

What is known as the National Industrial Recovery Act was but the first of a series of strategic moves to bring about economic recovery. The theory upon which this Act is based is briefly this: *If employed persons work shorter hours at reasonable wages more workers can be employed.* Two concurrent governmental activities are now going on. One has to do with economic recovery, the other with a reorganization of our economic system in the hope that the recurrent vicious cycles of prosperity and depression may be smoothed out. The recovery programme is, of course, the more obvious of the two. Leadership and initiative in the organization of social forces have been taken by the federal government and every unit in our society is being profoundly influenced, not only by the effect of the N.R.A. on industry, but by the programmes of the Federal Emergency Relief Administration and the various subsidiaries which have to do with putting people quickly to work for short periods while we wait for the slower machinery of industrial recovery to get under way.

Though the Act specifically applies to industrial workers it has nevertheless affected nursing to a considerable extent. Our country has enjoyed the best health in its history during the period of depression, but not all the populace has had adequate medical and nursing care by any manner of means. Patients have gone uncared-for, and nurses have not only been unemployed, but some of them have themselves become public charges. Socially and economically it is desirable to put nurses to work to save their self-respect; professionally it is desirable to put them to work under supervision which will assure the best possible performance under emergency conditions, both because the patient or the community should receive the best possible service and because professional standards, once weakened, may not easily be restored.

Professional Standards

Our national nursing organizations, especially the American Nurses Association and the National Organization for Public Health Nursing, have been in frequent conference with the various

An address given at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec, Montreal, January 30th, 1934.

federal authorities concerned with nursing, but the fact that nursing is of importance to several units of the national government while gratifying in itself, causes complications.

Social workers and public health nurses had carefully built up standards of work for each group, based on preparation and experience. For example, the principle that public health nurses should not give material relief was accepted by both groups, but has repeatedly given way before the dire and emergent need of patients for food, warmth, and even shelter. A larger issue is presented when one contemplates the future of the privately supported public health nursing organizations. With the rapid assumption of broad programmes by public agencies, their future is by no means clear.

Remedies for Unemployment

What we may term the recovery programme has to do primarily with employment. Nursing is by no means immune to economic law. Unemployment within its ranks was inevitable. When this is coupled with the fact that the Committee on the Grading of Nursing Schools warned us six years ago that we were graduating too many nurses and that many of them were poorly prepared, it is readily seen why we have had an almost insupportable situation, particularly in the private duty field. Some of the methods of assisting unemployed nurses inaugurated by the profession itself are:

1. The use of graduate nurses on a staff basis has been speeded up in our better institutions.

2. Some schools—about two hundred—have been closed and students have been replaced by a graduate service.

3. Part-time service, particularly in hospitals affiliated with universities, has been provided for nurses wishing to study.

4. Sharing work, by means of the eight-hour day, among special duty nurses in hospitals.

Through the instrumentality of the planning of federal agencies, nurses have been employed, for a minimum number of hours per week, in hospitals and public health nursing organizations, especially those supported by public funds. A programme now gaining impetus under the Children's Bureau, provides for the employment of twenty-five hundred nurses in a study of the nutrition of children.

Selection and Placing

Our national nursing organizations, in their conferences with the various governmental agencies, have over and over again stressed four principles, namely:

1. In the interests of safeguarding the health and welfare of every community in the United States, it is advised that relief nurses be assigned to some already existing organizations such as a hospital, institution, nurses' association, public health organization, et cetera.

2. That no nurse be assigned to work as a nurse excepting under paid qualified nurse supervision.

3. That the professional and personal qualifications, including physical fitness, of women listed as registered nurses with the Federal Emergency Relief Administration, be verified by the local nurses' association (state or district association) of that community.

4. That the prevailing salary schedule of the given community be paid all registered nurses who are assigned to nursing duties.

Reconstruction and Private Duty

The reconstruction programme for private duty nursing, as distinguished from the emergency or recovery programme, is receiving the major attention of the American Nurses Association while the emergency or recovery programme is a matter for frequent conference between the American Nurses Association and the National Organization for Public Health Nursing. This "reconstruction programme" if I may so christen it, is concerned with:

1. Preparation for service. This will have a marked influence on the reorganization of our curricula.

2. Wider distribution of service.

3. The economics of private duty, namely the hours of duty and compensation therefor.

Preparation

There is a marked trend, in our thinking, away from preparing nurses solely on the basis of the needs of the particular hospital in which they receive their professional education and toward preparation for the service required by the community.

Distribution

One of the real trends in the field of private duty, since it is not primarily an emergency measure, is that toward the conversion of the old-time registries into bureaus of community nursing service. The registry, in its simplest terms, consisted of a list of nurses to be placed; a telephone, and a registrar, who might or might not be a nurse. Priority on the list was usually the determining factor in placing nurses, regardless of the professional or temperamental fitness for the particular case. This plan created a system of "vest pocket registries" because doctors, failing to secure the types of nurses they needed, kept—and still keep—lists of the nurses they prefer, usually including a considerable number of practical nurses. A study of each community, on the basis of the incidence of illness and of apparent needs for nursing service, will reveal many opportunities not previously recognized. The bureaus should be organized on the assumption that "Bring your nursing problems to us" is a sound slogan since they expect to know the needs of the communities, to have detailed knowledge of the nursing resources and to find ways to connect the two.

The Eight-Hour Day

In the main, although there were many exceptions in our Middle West and South, the private duty nurse has of late years served for a twelve-hour day. The movement for an eight-hour day was started in southern California, when the country was at the height of prosperity, by nurses who believed that they should be permitted to live a more normal life. It was discovered, belatedly, that a tired and depressed nurse tends to affect her patients adversely, whereas an alert, interested, refreshed nurse has a most beneficial psychological influence in addition to being more effective in a technical sense. The eight-hour day had, then, been established as a workable plan, the principle being that three nurses for the twenty-four-hour period should cost the patient very little, if any, more than two, before the acute need for "sharing work" among private duty nurses became apparent. All other incomes were being cut, why not that of the private duty nurse, was only part of the reasoning back of the plan. Another factor was that neither patients, doctors, nor hospitals could be expected favorably to consider increased costs at such a time. Areas in sixteen states have now put the eight-hour day into effective operation. In Los Angeles, Seattle, and St. Louis it is practically universal. St. Louis, with all but one of its thirty-two hospitals using it, reported a twelve per cent increase in employment in the first month of operation. In Brooklyn, it is in wide use; in New York City and in Boston there are still only a few institutions using it.

Private duty nurses are themselves the greatest obstacle to the success of the plan. Selfishness has some bearing on the situation; lack of knowledge and understanding still more. Nurses who have not the slightest notion of their actual yearly income frequently argue that they cannot afford to "take a cut" although records show that the eight-hour plan not only increases the number of nurses employed, but increases the actual days of service given. We may say, then, that the modern trend in private duty is for shorter hours for hospital specials. It is believed that similar results in nursing in homes will follow. That development will depend, to some extent, on the willingness and the ability of the private duty nurse to

teach some member of the household to carry on in the absence of the nurse in much the same way the visiting nurse now does.

Hourly Nursing

The effort to develop hourly nursing, apart from public health nursing agencies, has not grown very rapidly. The reasons are not wholly clear. One, of course, is the readiness of many visiting nurse associations to give this service to paying patients. Another may be the lack of information on the part of the registries (or bureaus of nursing service as we prefer to call them) of community needs and methods of reaching those who could utilize such service. A third is undoubtedly due to inability at this time to secure budgets necessary for adequate publicity.

In their professional relationships private duty nurses have tended to be on the defensive. With a normal working day there naturally tends to come a more wholesome attitude toward life and toward professional activities. With rapid development of the eight-hour plan we confidently look forward to more constructive participation by private duty nurses in professional programmes, to the rapid development of study clubs, and participation in other educational projects tending toward true specialization. Such nurses may be expected to demand and to secure a type of post-graduate course in clinical nursing such as does not now exist anywhere.

Public Health Nursing

Even experienced public health nurses are wary about predicting the future of public health nursing and I am not a public health nurse. That in the United States, powerful forces are beating upon that branch of nursing is obvious to the veriest tyro. On the one hand, public health nursing is forced temporarily to absorb into its ranks nurses with no special preparation for that field, many of them with inadequate preparation for any field; on the other, carefully built up standards, defining the limitations of public health nursing and of social work, are breaking down. A third factor is the tendency of private agencies to come under some sort of governmental control. I make no prediction as to the future of public health nursing. I do predict that the repercussion of our emergency nursing programmes on schools of nursing will definitely help to bring about that integration and diffusion of the principles of health in nursing courses and a liberalization—socialization if you will—of curricula which cannot fail to help us forward toward our goal of adequate nursing in the amounts and kinds required for *all* who need nursing service.

Nursing Education

Our schools have suffered severely from the depression. Student allowances have been stopped without any compensating improvement in curricula. Faculties have been depleted. Sensitive-minded principals have succeeded in reducing the number of students admitted only to find their less sensitive and often inadequately prepared neighbors turning out larger classes than ever. Many graduate nurses have been placed on a staff basis (general duty) in hospitals in a more or less altruistic effort to relieve unemployment. As the selection of those nurses has often been on the basis of economic need rather than professional fitness, it remains to be seen whether the sound principle of having a body of graduate service against which student practice is projected is really being promoted. Because of the acute nature of their problems, hospital administrators and nurse educators have tended to work more co-operatively than in the past. This is borne out by the increasingly healthy relationship now developing between the American Hospital Association (which made great progress along those lines during the presidency of Canada's Dr.

Stephens), and our National League of Nursing Education.

What We Believe

To sum up then, what are some of the modern trends, particularly in relation to private duty nursing, in my country?

We hope and believe that the back of cruelly long hours is broken for all time. With increasing numbers of patients, doctors, and nurses approving the eight-hour day there will be no reason for returning to an outworn system when economic recovery has taken place.

We believe that, with shorter hours, more private duty nurses will become genuinely professional workers, taking a constructive part in the development of the profession, and in perfecting the quality of their own service.

We believe that the new type of bureau of nursing service, the successor of the old-time registry will, upon a base of broad knowledge of community needs, promote co-ordination between supply and demand and will provide a constructive type of supervision. The time should be not far distant when nurses working under the direction of a community bureau of nursing service, may be on a salaried basis and may thus enjoy a reasonable degree of economic security.

We believe that the various studies of community needs definitely indicate a change in emphasis in nursing school curricula, and a resultant legitimate charge of the cost of nursing education, not only to the individuals who receive it, but also to the community which they, as nurses, are preparing themselves to serve.

We agree with the statement in your own admirable *Survey* that "Nursing education, including that of the private duty nurse, cannot permanently remain apart from the stream of invigorating life and inspiration which the university can best supply."

We believe that these things imply life more abundant for all nurses and a wider use of nursing service by the community at large.

IMMUNIZATION OF STUDENT NURSES

MARGARET MURDOCH, Superintendent of Nurses, Saint John General Hospital, Saint John, N.B.

In 1924, Dr. H. L. Abramson, pathologist for the Department of Health in New Brunswick, on returning from a visit to New York, asked permission to inoculate the student nurses of the School of Nursing of the Saint John General Hospital with scarlet fever toxin. As we had been having a great many cases of scarlet fever among the students, we felt that, at least, it would not do any harm. From December, 1920, until November, 1924, there had been twelve cases of scarlet fever in the School, with an average number of fifty students. In November, 1924, volunteers were asked for from among the students to have the Dick test done, with the result that about 90% offered. Since that time, 188 students have been Dick tested, 71 of whom were found to be positive, and were actively immunized. One hundred and seven have been inoculated without having the test done. The School has now increased from 60 to 124 students, and in that time, there have been only three cases of scarlet fever, all very mild. These three students were each inoculated. All students who enter the School, who cannot give a definite statement of having had scarlet fever, are inoculated.

A PAGEANT OF NURSING

JEAN I. GUNN, Convener of the Pageant Committee.

Nurses who attend the Biennial Meeting in June will enjoy a type of entertainment never before undertaken by the Canadian Nurses Association. As this meeting marks the twenty-fifth anniversary of the organization of the national Association, it has been decided to celebrate the occasion by the presentation of a pageant having as its background the development of nursing in Canada. The special committee appointed to assume responsibility for the pageant has been at work for some time and now wishes to give to nurses, throughout Canada, a brief outline of its plans.

The Pageant Committee

The details of the pageant have been assigned to different sub-committees. The scenario committee has as convenor, Miss Jean Gunn, with Miss F. H. M. Emory (president of the Canadian Nurses Association), Miss Gladys Sharpe (secretary of the instructors' committee of schools of nursing in Toronto), and Miss Ethel Greenwood, as members. The committee to arrange for the publication of the programme is convened by Miss Beatrice Ellis; the committee on finance by Miss Margaret Dulmage; the committee on hotel arrangements by Miss Mary Williams; the ticket committee by Miss Harriet Meiklejohn; the committee for selecting personnel for the pageant by Miss Ethel Greenwood.

The Scenario

The historical facts concerning nursing in Canada were compiled by the instructors' committee of the schools of nursing in Toronto. This committee, during the winter of 1932-1933 made an intensive historical study and compiled a valuable reference. This was given to the pageant committee to be used in the writing of the scenario and from this historical outline, the pageant has been developed and written by Mr. J. E. Middleton, a Canadian writer of long experience who established a reputation as a paragrapher and writer of light verse on the *Toronto News*. He is the author of a book of verse, entitled "Sea-Dogs and Men-at-Arms", and has contributed to many American magazines. In recent years, Mr. Middleton has specialized in historical work and has edited a compendious work on the history of Toronto. His History of Ontario is well known and the official Centennial Book, "Toronto's Hundred Years", soon to be published, is also from his pen. Long interested in the stage and in music, he wrote a series of ballad-operas produced by the Canadian Pacific Railway at the Banff Springs Hotel, with the late Alfred Heather's Light Opera Company. The Hart House Theatre at the University of Toronto, produced "The Velvet Muzzle" and the Canadian Literature Club sponsored his three-act play, entitled "Royal Doulton."

The Production

In making its plans the Pageant Committee had to consider not only the writing of the scenario but its proper presentation. Mr. Edgar Stone, Director of Hart House Theatre, University of Toronto, has very kindly undertaken to assist with both production and direction. With Mr. Middleton and Mr. Stone in command, the Pageant Committee feels assured that the production will be both historically accurate and pleasing from the standpoint of scenic effects and music. The performance will take place in the Concert Hall of the Royal York Hotel, the stage of which lends itself admirably to the purpose.

THE CANADIAN SCENE

The editorial which appeared under this caption in the March issue of the *Journal* outlines eight specific complaints commonly made by the public concerning nursing service. This month and next we shall try to say something by way of defence concerning some of the counts which have been brought against us.

Discrimination

The public claims that nursing care ought to be available in every type of illness, but that nurses sometimes refuse to care for patients suffering from mental or infectious diseases, or (worse still) for obstetrical cases. The defence is that many nurses, through no fault of their own, graduate without any clinical experience whatever in the care of mental or infectious disease and therefore refuse these cases because they do not know how to nurse them. It is hard to find any excuse for refusal to care for obstetrical patients. As nurses we stand convicted on this count and we may as well admit it. When, later, the educational aspects of our present maladjustments come up for discussion, more will be said about the failure of schools of nursing to prepare nurses for certain branches of private practice.

Availability

The public claims that nursing service ought to be readily available, night and day, every day in the year, but that it is sometimes difficult to get nursing service at night or on holidays. Here again we stand convicted. We are not so organized as to ensure the ready response to which the public is entitled.

Nursing in the Country

The public claims that patients who live in the country are just as much in need of nursing service as those who live in the city but cannot always get it. The only defence that can be made is to say that nurses, after all, are human, and tend to seek the sort of working environment which suits them best. To be isolated, far from help, with a very ill patient is an ordeal that not all of us are capable of facing. But it is a legitimate nursing demand and we should be so organized as to meet it.

A Household Liability?

The public claims that, far from being ministering angels, we are sometimes domestic pests. The maid gives notice, the cook departs, the charwoman telephones to say she cannot come this week. Instead of performing the functions of all these useful persons we calmly insist that our chief duty is to nurse the patient. The fact that the patient would frequently prefer to be neglected and to have the dinner cooked and the children got off to school leaves us cold. Our job is to nurse the sick and not to do domestic work.

Right here, for the first time, we feel both able and willing to answer back. There has always been confusion in the public mind as to what the function of a nurse in a household really is. There has also been a quite unjustified assumption, especially on the part of women, that it is the duty of the nurse to assume responsibility for domestic tasks when no household worker is employed. The problem of domestic service is hopelessly involved with that of nursing, and until the women who direct households realize this fact the present unfortunate misunderstanding will continue. The plain truth is that nurses are sometimes summoned to private homes in order to tide over a domestic crisis rather than to give skilled nursing care. They are no more to be blamed for performing these tasks unwillingly and under protest than a doctor would be for objecting to serve cheerfully as furnace man or chauffeur.

The organization of domestic service requires far more constructive thinking and intelligent action than women have, so far, been willing to give to it. There is no reason in the world why the average

This is the fifth article in a series of editorials dealing with nursing in Canada.

middle class household should not be able to solve the domestic problems incidental to illness without calling upon the nursing profession to do it for them. The organization and direction of a bureau of household work ought not to be beyond the powers of modern business women.

Nurses, on their part, should make up their minds whether they are, or are not, willing to offer, under the auspices of such a bureau, a combined domestic and nursing service. There is nothing derogatory in such an alternative. Some nurses, with a talent for the household arts, might find such occupation quite congenial and perfectly dignified. Others (not necessarily snobs) might prefer to confine themselves to strictly nursing duties. The point is that the public is entitled to know where we stand on the matter. At present we are content to evade the real issue by vague sentimentalities about "always helping out in a crisis" and so forth.

By way of being thoroughly disagreeable, we might also point out that the domestic dislocation incidental to illness is not all to be laid at the door of the nurse. The maid is harassed by the presence of relatives, the cook is upset because everyone is late for meals, the charwoman does not come because there is more washing to do than usual. Domestic workers necessarily suffer from the emotional tenseness which pervades the household. There *have* been cases when the maid has said "Nurse, I am glad you are here." The cook has been known to be a confederate in preparing tempting dishes for the invalid and has not resented a few dirty dishes in the kitchen sink.

But, when all is said and done "a nurse in the house" means that anxiety and pain are there too. There lies our psychological handicap.

(To be continued)

COUNCIL ON CHILD AND FAMILY WELFARE

In reference to the transfer to the Canadian Council on Child and Family Welfare, of the work formerly carried on through the Division on Child Welfare of the Dominion Department of Pensions and National Health, it should be understood that this does not involve any change in the organization, plan of work, or relation to the Dominion or provincial governments of the Canadian Council on Child and Family Welfare, nor does it involve any new precedent or principle in relationship to one of the large voluntary national organizations to a Dominion department.

There has always been the closest co-operation between the Canadian Council on Child and Family Welfare and the Dominion Department of Pensions and National Health through the office of the Deputy Minister, while monthly conferences always took place between the Chief of the Child Welfare Division and the Executive Director of the Canadian Council. The arrangements now made only mean an amplification of the work which the Canadian Council on Child and Family Welfare has been doing, particularly through its division on Maternal and Child Hygiene. Because it is anticipated that the closest co-operation and consultation will continue to be necessary, arrangements have been made for a special committee, on which Dr. J. J. Heagerty, D.P.H., Chief Executive Assistant, will represent the Dominion Department and consultants in obstetrics and pediatrics are added to the part-time staff of the Council.

There is no change in the constitution or work of the Canadian Council. Its general work will continue to be directed by its executive director, Miss Charlotte Whitton, C.B.E., M.A., who will also be responsible for all general references in other fields of child welfare than that of maternal and child health. The personnel of the Division on Maternal and Child Hygiene has not been changed. Miss Agnes Baird, Reg. N., remains secretary and the health work of the French-speaking division will be carried on, as in the past, through its secretary, Madame Noel Chassé, Reg. N.

MISS BERTHA SMITH, M.B.E.

Reference has beeen made in previous issues of the *Journal* to the notable professional achievements of the nine nurses who were included in the New Year Honours List. Not the least of these is that of Miss Bertha Smith, M.B.E., who is at present supervising nurse of the London Child Welfare Association. Miss Smith is the daughter of the late Canon J. W. P. Smith, at one time rector of Christ Church, London, Ontario. She is a graduate of the school of nursing of St. Luke's Hospital, New York City, and for three years practised as a private duty nurse under Dr. Emmett Holt. For five years she was a member of the club organized in Paris by graduates of the school of nursing of the Presbyterian Hospital and St. Luke's Hospital, and in the course of her professional work had opportunity for extensive travel. In April, 1915, she was assigned to the St. John's Ambulance Brigade Hospital at Etaples and remained with this unit until in June, 1918, the hospital was bombed.

Immediately upon her return to Canada, Miss Smith helped to organize the London Child Welfare Association and later became its supervising nurse. The work of this Association has grown very rapidly and is held in high esteem by Miss Smith's fellow citizens who justly look upon the honour paid to her as a tribute to her fine work as well as to herself.

MISS BERTHA SMITH, M.B.E.

THE "M.G.H." ALUMNAE ASSOCIATION SCHOLARSHIP

The Alumnae Association of the Montreal General Hospital School for Nurses has decided to award a scholarship which will enable the selected candidate to take the course of study offered during the Session of 1934-1935 at the McGill School for Graduate Nurses, Montreal. Candidates must be members in good standing of the Alumnae Association of the Montreal General Hospital School for Nurses and *preference will be given to those who have had experience in private duty nursing.* The action of this Association in thus opening the door of opportunity to private nurses is most commendable and might well form a precedent for similar action on the part of other nursing organizations.

A NATIONAL SCHOLARSHIP

The Canadian Nurses Association has decided to offer a scholarship to enable a Canadian nurse to attend the 1934-1935 session of the postgraduate course organized under the aegis of the provisional committee for the proposed Florence Nightingale International Foundation. This course will be given at Bedford College (University of London), in conjunction with the College of Nursing. The president of the Canadian Nurses Association has authorized the publication of the following statement concerning the conditions under which this scholarship has been offered and will be awarded:

Conditions of Award

The Canadian Nurses Association undertakes to provide the sum of two hundred and fifty pounds as a scholarship to send a Canadian nurse to Bedford College for the year 1934-35. This amount is to be paid to the provisional committee for the proposed Florence Nightingale International Foundation not later than August 1, 1934.

1. Funds raised for the Florence Nightingale Memorial Foundation are to be forwarded by provincial convenors, on the first day of each month, to the National Office, and placed by the Executive Secretary in a separate fund. The amount of two hundred and fifty pounds only will be forwarded to the Foundation from the Canadian Nurses Association for 1934-35.

2. Information regarding the granting of the scholarship will be published in *The Canadian Nurse* in the April and May issues, and convenors of the Provincial Joint Study Committees will also be informed.

3. The following committee is empowered to make the award without further reference to the Executive Committee of the Canadian Nurses Association: Miss Ruby Hamilton (convenor), Miss Grace Fairley, Miss Eleanor McPhedran, Miss Mabel Holt, Miss Nora Moore, Miss Florence Coleman. The president of the Canadian Nurses Association is an ex-officio member of this committee.

4. The announcement of the course and application forms are to be procured from the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal.

5. The Executive Secretary of the Canadian Nurses Association shall receive applications at the National Office, 1411 Crescent Street, Montreal, up to June 1, 1934.

6. The successful applicant will be advised of the award not later than June 15, 1934.

7. The editor of *The Canadian Nurse* is instructed to publish the requirements for enrolment at Bedford College, as outlined in the announcement of International Courses 1934-35, and the following facts are to be emphasized:

(a) That applicants may choose one of two courses: (1) Public Health, (2) Administration and teaching in schools of nursing.

(b) The scholarship does *not* include travelling expenses to and from London.

General Information

The following information concerning the courses of instruction offered in the International Courses is quoted from the official announcement for 1934-35 sponsored by Bedford College, and the College of Nursing:

1. The courses open on August 15 and close on July 1.

2. The session is divided into three terms averaging ten to eleven weeks each. Students attend Bedford College and the College of Nursing in average of twelve hours a week throughout the year, including lectures and individual coaching.

3. The English system of university education lays great stress on the value of reading and discussions in small classes under the guidance of teachers, the lec-

tures being regarded as a basis for individual study.

4. In view of the fact that each student brings to the courses a vastly different background of previous training and nursing standards, origin and education, and that the problems that will confront each upon her return to her native country will be considerably different, the curriculum has been adopted to provide, as far as possible, the maximum of individual tuition for each student. Special emphasis may be given to any of the branches of work in which a student may wish to specialize, and additional lectures may be followed at the discretion of the Education Committee.

5. The importance of devoting two months to practical work and observation, in hospitals or with public health organizations preparatory to the courses, has been recognized. Therefore, it has been arranged for students to spend August and September—and, if necessary, additional time during the college vacations—in practical work to familiarize themselves with English nursing methods and health procedures. The practical work of the public health students is carried out in South London, part of it in connection with the out-patient department of St. Thomas's Hospital, and partly in the local municipal welfare centres. Further practical work may be arranged at the completion of the courses for nurses desiring more experience in England or on the Continent. A vacation of two weeks is granted at Christmas.

6. A certificate is awarded on the satisfactory completion of the course.

7. Students are required to live in residence at 15, Manchester Square, London.

Requirements for Admission

Applicants should be between 21 and 41 years of age and the following documents must be forwarded with their applications:

(a) A medical certificate of good general health.

(b) A declaration, endorsed by the National Florence Nightingale Committee, of the applicant's country of origin, testifying to the good character, general education and professional training of the applicant. Applicants must have had a general education corresponding to the English secondary school education with evidence of ability to profit by the course, and the best nursing training available in their countries.

An Excellent Opportunity

The information given above indicates the general scope and flexibility of the courses offered. The candidate may select either public health or teaching and administration in schools of nursing, and is encouraged to follow her own bent. She has the privilege of residing at 15 Manchester Square, which might well be called International House, since it brings into contact nurse students from all parts of the world. Such an experience cannot fail to be broadening from a cultural as well as from a professional point of view.

Those who intend to be candidates for the honour of representing Canada as the holder of this national scholarship must act quickly. Applications should be sent to Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, before June 1, 1934.

IN HONOUR OF OUR SILVER JUBILEE

The president of the Canadian Nurses Association has instructed the *Journal* to inform its readers of the generous and gracious gesture made by the Nightingale Fellowship (the trained nurses of the Nightingale School, St. Thomas's Hospital, London), in offering a scholarship which will enable a Canadian nurse to attend the 1934-1935 session of the postgraduate courses organized by the Nightingale International Foundation which are to be given at Bedford College (University of London) in conjunction with the College of Nursing.

FLORENCE NIGHTINGALE

The value of this gift is enhanced by the manner of the giving. The following excerpt from a letter addressed to the President of the Canadian Nurses Association from Miss Alicia Lloyd-Still, Matron of St. Thomas's Hospital, Superintendent of the Nightingale Training School and President of the Nightingale Fellowship, admirably reflects the spirit which prompted the munificent action.

"I have sent you a short official letter with reference to the Florence Nightingale Foundation Scholarship which we, of the Nightingale School, wish to offer from our Nightingale Foundation. Would you very kindly make known our offer to the Canadian Nurses Association, and may they know that our gift is in honour of their twenty-fifth Anniversary, assuring them that, should they feel able to accept the same, we on our part feel both proud and happy; proud to feel that Miss Nightingale's earnest wish to link up the nursing profession overseas is thus being carried out by her school, and happy to know that a Canadian nurse may be able to take the International Course under the Florence Nightingale Foundation."

Enquiries concerning this scholarship should be addressed immediately to Miss Jean S. Wilson, Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, and candidates should read carefully the requirements for admission to the course, which appear under the caption of *A National Scholarship* in this issue of the *Journal*.

Here is an opportunity which should strongly appeal to every forward-looking young nurse in Canada. This scholar will, if she proves herself worthy, come close to the very heart of the Nightingale tradition. Furthermore, in a broader sense, we may all claim a share in this gift since it marks the occasion of the Silver Jubilee of the Canadian Nurses Association. The bond between nurses in Canada and in Britain is intangible, yet strong. It may be knit more closely because of the living strand created by the Nightingale Fellowship Scholarship.

Institute of Public Health
University of Public Health of the
University of Western Ontario
CANADA

THE EDITOR'S DESK

The Biennial Meeting

Under the caption of *Notes from the National Office* the Executive Secretary of the Canadian Nurses Association presents the official tentative programme for the biennial meeting to be held in Toronto from June 25 to 30 inclusive. This programme will repay careful study and should be read in conjunction with the introductory statement, prepared by the Executive Secretary, in which its general objectives are set forth.

American Trends in Nursing

The *Journal* is proud to present to its readers as its leading article this month, the fine treatise on American trends in nursing prepared by Miss Mary M. Roberts, editor of *The American Journal of Nursing*. The editor of a professional journal should, by virtue of the strategic position she holds, be better able than any other individual to interpret the contemporary national scene. While conditions in the United States differ widely from our own, so far as certain political and economic aspects are concerned, there is yet sufficient resemblance from a nursing point of view to render Miss Roberts' searching analysis most valuable to us at this time.

A National Scholarship

Who will be Canada's first international scholar under the conditions outlined under this caption elsewhere in this issue? The best is none too good, since she must represent Canada in an international group of which each member will be outstanding. This opportunity should appeal to all young ambitious, well-prepared Canadian nurses, not only because it will open the door to future professional advancement, but because the course itself is dedicated to the memory of the founder of modern nursing, Florence Nightingale.

Good News from Alberta

Just as we go to press, the good news comes from Alberta that, after a lively tilt in the Alberta Legislative Assembly, the Alberta Association of Registered Nurses has succeeded in getting its recommendation that educational requirements for entrance to schools of nursing shall be raised from Grade Seven to Grade Eleven, as far as its third reading in the House. As soon as this last hurdle is taken (and it surely will be), we shall have more to say about this well-deserved victory.

Sold Out

To our mingled pride and chagrin we have had to refuse several orders for copies of the March number of *The Canadian Nurse*. In fear and trembling lest unsold copies should remain to gather dust on our shelves, we ordered the largest issue that has been printed since March, 1930. Not a copy remains, except the sacred three put religiously aside against the day when *The Canadian Nurse* can afford to have its back copies bound. As yet, incredible though it may seem, the editorial office does not possess bound copies of *The Canadian Nurse*. Our present objective is to reach within six months, the dizzy pre-depression record of three thousand copies monthly. And with our regional committees and student clubs working with their present speed and efficiency we expect to do it too. The moral is, of course, that if you want the May issue you had better subscribe in April.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
CANADA

Correspondence

The Journal Goes on the Air

We in Saint John, N.B., heard Miss A. W. Estey, in the course of her radio hour entitled "Community Doings", read excerpts from articles in the January issue of *The Canadian Nurse* which referred to the New Year Honours List (*The Accolade*) and to the audience granted by the King and Queen to Miss Priscilla Campbell (*Notes from the National Office*). This is probably the first time that *The Canadian Nurse* has been presented to the radio audience.

KATHLEEN S. LAWSON,
Saint John, N.B.

Ghastly Error

In future kindly address my *Journal* to the Toronto General Hospital, *which is in Toronto and not in Montreal.*

K.M.
Toronto.

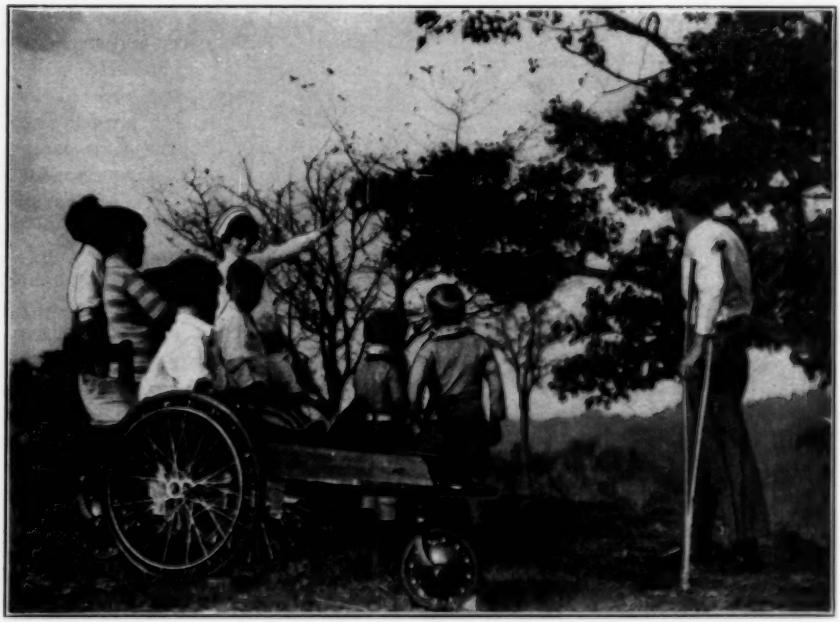
Evidently dreams do come true. Especially bad ones. We have often wakened in the night after grisly nightmares in which we imagined that something of this sort had happened. And now it really has. The cream of the jest is that the institution in Montreal, which was mistakenly sent the *Journal* that should have been addressed to its proper owner in Toronto, was not a bit flattered. So nobody was pleased. Of course we could say something about the nefarious part played by the printer in this tragic affair. But recriminations are useless. Much better apologize quietly, as is our good old editorial custom. Se here goes. We are sorry that we once thought that the Toronto General Hospital is in Montreal. It isn't. We know better now.

EDITOR.

And So She Will

I'm enclosing a subscription for *The Canadian Nurse*. Miss A. tells me that I shall enjoy it more than any good detective story.

M.D.,
Nova Scotia.



HOSPITAL FOR SICK CHILDREN, TORONTO
AN "OUTDOOR CLINIC" AT THISTLETOWN

Department of Nursing Education

Convener of Publications: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE VALUE OF INTERCHANGE

ANN LAW, Reg. N., Winnipeg, Man.

In January, 1933, the Manitoba Association of Registered Nurses adopted a scheme for the interchange of nurses between large and small hospitals.* In order to assist suitable candidates to avail themselves of this experience the Association arranged to pay travelling expenses and a small monthly allowance, while the participating hospitals provided board, lodging, and maintenance for a period of three months. In order to give opportunity to those most likely to benefit by it, the applicant's previous record, and a confidential report from the superintendent of nurses in the school from which the applicant graduated, was regarded as an important factor in influencing the selection of the candidate. The hospitals were asked, upon the satisfactory completion of the course, to furnish the nurse with a statement of the special work that she had covered.

As a nurse from a large training school who had the privilege of observation and experience in a small hospital I would say that the experience thus gained is exceedingly beneficial. You learn to apply the knowledge you have already gained in the larger institution. Small hospitals have no internes, and at times a doctor cannot be located for hours; so the nurse must rally all her forces and meet any emergency. Small hospitals have no dispensary—stock solutions only are kept—the nurses gains valuable experience weighing out and making up solutions from powders and crystals. There is no pathological laboratory. All specimens of urine and gastric contents are examined by the nurse herself. Besides being valuable knowledge, this adds interest to the case studied. No dietitian weighs out the special diets in a small hospital kitchen. The nurse herself must plan and serve these diets and must observe the patients and increase or decrease the food as she thinks fit. What wonderful value this knowledge is in home nursing. And, is a small institution, improvising is one of the chief tasks of the nurse. Supplies are limited, so the nurse must use what she has on hand to make her patients comfortable—boxes are footstools—parts of barrels are cradles—ether cans are hot water bottles in anaesthetic beds.

I have come to the conclusion that, in large hospitals, nurses are extravagant—there is so much that we waste! In the small hospitals there is not a surplus of dressings, medicines, foodstuffs or supplies of any sort. I do not mean that there is not enough—but that there is none to waste. The nurse is taught to be careful in all things from the beginning of her training; all dressings are stripped; all bandages washed; no extra solutions are kept on the wards; papers are used for sinapisms. In these hard times what better training could a nurse get than in economy?

I spent a month in the operating room in this small hospital. Everything from operating room technique on, is taught. One assists at minor operations, handles instruments for major operations, operates the steam sterilizers, prepares the drums, mends and sterilizes the gloves—and even learns to make up solutions of glucose and saline for an intravenous. I considered this training splendid. I must say that most of my observations were favorable. Different methods were used than I was accustomed to, but one must

*See *The Canadian Nurse*, March, 1933, p. 128.

select and use what one considers best. I was fortunate in being sent to a well-run and well-equipped small hospital. I can now truthfully say that no training is really complete without a few months spent in a small institution. The Manitoba Association of Registered Nurses deserves great credit for sponsoring a scheme which makes such interchange possible.

BROADENING THE FIELD

MARGUERITE M. McDONALD, Reg. N., Instructor of Nurses, Edmonton General Hospital

All who are familiar with schools of nursing will appreciate the need of extra-curricular activities. I wish to outline a project that we have adopted in our school, and which we find stimulates social interest and co-operation among our students. With this aim in view we organized a club on much the same basis as that of a literary society but which, for variety, we called the U-go-I-go Club. Our first meeting, at which all the student nurses were present, was for the election of officers and the appointment of a competent executive committee. After discussing the qualities desirable in such prospective candidates, nominations for the various officers were made, and an election followed.

Our executive is now composed of the following: — President, vice-president, secretary, treasurer, social convener, and a representative of each of the classes of our school. The instructor and the director of the school of nursing are honorary presidents. The officers perform the functions appropriate to their respective titles and the social convener is in full charge of all entertainments. She usually chooses her committee through the class representatives, who, according to their adaptation, arrange for the decoration, music, games and refreshments. The representatives of the various classes see that their members share in the general activities for, as we all know, there are in every class talented but very modest pupils, whose abilities do not become known except through the medium of their representative. These representatives also inform the executive committee of the attitude of their class toward any measure, contemplated or passed by the club.

All our meetings are conducted in a business-like way; the calling of the meeting to order; the reading and approving of the minutes and of any reports; the introduction of new business, which is discussed freely, and when put to vote, is repeated vertabim by the president. A general meeting is held monthly, and an executive meeting at such times as it is deemed unnecessary to have all members present. Social functions take place monthly at least, and the committee in charge prepares a delightful and varied programme for each occasion. Quite recently we have undertaken the publication of a school paper; an editor was elected, who in turn formed an auxiliary to enable her to obtain varied material.

Since we have organized our student nurses in this manner, a marked improvement in the general atmosphere of the school has taken place, and the spirit of helpfulness and co-operation prevails.

Department of Public Health Nursing

Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

THE TUBERCULOSIS CONTACT

MARJORIE ROBERTSON, Royal Ottawa Sanatorium, Ottawa.

A recent writer has said that the average case of far-advanced tuberculosis admitted to a sanatorium, has, at the time of his admission, already infected, or exposed to infection, ten other individuals. One method of attack would therefore seem to be the removal from the family of the source of infection, either permanently, or until he has been rendered non-infectious, or has been sufficiently well trained that he is no longer a menace to their safety. But it is not enough to remove the source of infection immediately upon finding it—we must find that source earlier, when he has a chance of recovery himself, and before he has endangered the lives of others. It may be presumed that at some time he was not ill himself, but was a contact of some other open case of tuberculosis. It is at this point in his career that we want to find him and place him under observation.

The Need for Education

The graduate nurse, whether she be doing public health, private or institutional duty, is of inestimable help in finding early, curable cases. In this, however, the average nurse is seriously handicapped by the fact that she has had little or no practical experience of the disease. It is a deplorable fact that nurses are graduated with little or no systematized instruction in the nursing of one of the oldest, most prevalent, most preventable diseases known. If the student nurse could be considered more in the light of a student, and less as a means of providing an inexpensive nursing service, and could spend a few of the hours which she now spends in a never-ending repetition of mechanical procedure, in the study and discussion of tuberculosis as a social problem she would become a more valuable unit in a health-questing community.

The Need for Vigilance

For adequate case-finding in tuberculosis, the first and most crying need in the public health nursing field is education in tuberculosis for the rank and file of public health nurses, beginning with those who are doing generalized work and extending to those who are specializing in such fields as child welfare, infant and maternal care, industry, mental hygiene and even tuberculosis itself. It is always a temptation, when we are doing specialized work, to become mildly fanatical concerning our special branch and the visible manifestations of tuberculosis are therefore easily overlooked by the nurse who is in the home on some other mission. Why is it that the industrial nurse so frequently lightly passes over the common indications of tuberculosis? Why does the generalized nurse fail to appreciate the significance of the childhood type of tuberculosis in the contacts that she finds in homes where no apparent tuberculosis exists? Is it because of her relative indifference to the disease? This usually grows out of a feeling that tuberculosis associations or other special agencies are handling the problem and that, therefore, it is no longer her special concern.

What is a Contact?

A contact is a person who has had a more or less intimate exposure to tuberculosis infection. If, on examination, some of these individuals are found to be suffering from the disease they become positive cases, and cease to be regarded as contacts. Therefore, for the purposes of

this discussion a contact shall be said to be an individual who has been exposed to tuberculosis, examined and found to be free from disease, or to be a suspicious case, with not enough evidence to warrant a diagnosis of tuberculosis.

Control of Infection

By this is meant either the removal to a hospital or sanatorium of the diseased member or members of the family, or arranging for such care and isolation that there is no danger of further infection. The development of tuberculosis disease depends largely on intensity and length of exposure to the source of infection. Especially is this so in the case of the childhood type of disease. If the open case is removed, and a normal environment procured, child contacts will usually take care of the infection present, unless it is already too massive, when an acute tuberculous broncho-pneumonia is usually the result.

Much has been said and written on the relationship of adult disease to earlier childhood infection, but it is beginning to look as though a well-healed childhood infection may be innocently carrying the blame for later disease while the so-called "breaking down" in adults may be an entirely new thing and the result of a second exposure to massive infection. Therefore, it is important to procure, as soon after discovery as possible, a tuberculosis-free environment for all contacts.

Until all members of a household have been examined we cannot say that the source of infection has been removed. We may have removed the apparently sick individual, but perhaps there is still left another adult, not yet exhibiting any visible signs of disease, but quite as dangerous a disseminator of infection as was the known case whom we have admitted to sanatorium. Examining contacts of known cases is generally conceded to be the best means of discovering other early curable cases. This is one of the most important functions of a chest clinic.

Social Aspects

No plan, either social or health, can be made for a tuberculosis contact until he has been examined and diagnosed. For example, children may be left dependent orphans through the death of a parent from tuberculosis and it is impossible for the Children's Aid Society to make any plans for the placing of these children until it is known definitely whether or not they are diseased. It is foolish to institute proceedings for procuring a mother's allowance pension for a woman who has lost her husband through tuberculosis without first determining whether she herself may not be suffering from incipient tuberculosis and therefore unable or unfit to take care of her children.

Correction of Defects

The examination of a tuberculosis contact should be complete, and he should be advised of any existing curable defects, especially defects or other diseases of the upper respiratory tract. It is here that the nurse doing tuberculosis work co-operates very closely with other clinics and health agencies and especially with nose and throat, dental, and medical clinics. Underweight in child contacts can often be overcome by outlining for the mother a programme of rest, diet, air, sun, and so forth. Because tuberculosis contacts report back to the clinic regularly it is possible to keep before them the need of treatment, and to check up on corrections. We can teach our tuberculosis contacts how to avoid other diseases which would lower their resistance. During the course of his examination, the physician is able to detect the earlier symptoms of other diseases, and to encourage the patient to procure medical attention.

What Needs to be Done

One of the first requisites of a suitable environment for tuberculosis contacts is that it shall be free of contamination by tubercle bacillus. This is assured only when all contacts have been examined,

all open cases removed or isolated, and the premises properly cleaned and disinfected. After this our efforts are directed at raising the general standard of health, both physical and mental. Conditions which contribuetd to the breaking down of one individual in a family may remain to hasten the breakdown of the contacts who are left. Chief of these is a low economic status, with its concomitants: worry, poor food, bad housing, and lack of proper recreation. It is here that we make full use of appropriate social agencies.

Sometimes the health of a family is being affected, not by poverty but by poor management, and mothers are often glad of help in planning meals. If the mother has again become pregnant, the nurse can do much by encouraging her to consult her doctor early, and to make use of the services offered by the Victorian Order of Nurses and by prenatal and other clinics, thus assuring the new member of the family at least a fair start in the race.

The mental health of the family can be improved by getting them to take a sane positive attitude toward the disease. It is necessary to keep them fully alive to the possibilities of tuberculosis, but at the same time to foster a healthy desire to adopt all available means for combatting it in the family, and avoiding a morbid, fatalistic outlook.

One negative examination after exposure to tuberculosis does not warrant the discharge of a contact from observation. If this were so, tuberculosis nursing would be a simple matter indeed. It is not difficult to persuade people who are afraid that they may be infected to come for an examination, but it is difficult to induce them, over a period of years, to return again and again for examinations of which they may be unable to see the need and certainly cannot see any immediate tangible gain or result. Because bitter experience has shown us that the disease-free contact may break down at any time, he must be persuaded to seek examination often and regularly.

TUBERCULOSIS IN THE COUNTRY

Courtesy of the League of Red Cross Societies.

With the country on its trial as a promoter of tuberculosis, numerous enquiries have elicited some singularly interesting facts and these have been collected and reviewed by the "Office international d'Hygiène publique" one of whose members, the Polish representative on the Council, Dr. W. Chodzko, has recently submitted a report on this subject. His researches deal with many countries besides Poland and his statistical investigations have shown that where agriculture is not industrialised, the tuberculosis mortality is most high in the country districts. The farmer who employs primitive implements and farming technique, instead of using machinery intelligently, wears out the lungs, muscles and sinews of his labourers. Statistics also show that in rural areas the tuberculosis death-rate is particularly high among the younger women as compared with their sisters in towns. The young country woman is more fertile than her town sister, and this increases her liability to contract tuberculosis.

It used to be thought that tuberculosis in the country and tuberculosis in the towns was one and the same disease. So it is as far as the bacillus of tuberculosis itself is concerned. But its reaction in the body is different. Comparisons made in Poland between a series of rural and urban cases of tuberculosis have shown that the disease is not only more common but also more severe in the country.

Department of Private Duty Nursing

Convener of Publications: Miss Jean Davidson, Paris, Ont.

WHAT USE IS A FORUM?

Nearly a year ago the policy of the *Journal* with respect to private duty nursing was officially outlined under the caption of this Department. During the past year eleven articles directly related to private duty nursing have been published, most of which dealt with the economic aspects of private practice. In addition, the principal aim of a series of editorials now appearing under the title of *The Canadian Scene,* is to analyze the causes of certain economic maladjustments in this field. What has been the reaction of private duty nurses to the efforts made by the *Journal* on their behalf? It would certainly not be fair to say that there has been no response whatever. There is evidence that they are doing some serious thinking. But not out loud.

In the statement of policy referred to above this sentence occurs: *The Department of Private Duty Nursing in the Journal should fulfil a dual function and should serve as an open forum as well as afford an opportunity for the expression of the educational and economic ideals of the private duty group.* After a* silence of eleven months we now present the first written evidence that private nurses really want a Forum and, as usual, the initiative comes from the West.

A Western Challenge

"Would it be possible for us to have a small space in *The Canadian Nurse* to publish our little say? We, of the Calgary private duty section, would like to announce, through the *Journal,* that we are very much alive and are enjoying our struggle for a mere existence. We congregate the second Monday of each month in the humble home of anyone of our worthy members, to discuss ways and means; to weep upon one another's broad, nurse-like shoulders; to exchange funny little ideas and learn whether or not they are of any value. We listen to our visiting speakers with an attentiveness that would surprise you. Yes, and we continue to draw up resolutions to be presented to the proper authorities, the town fathers and so on, then we timidly put them aside as our retiring natures forbid us to force ourselves upon the public notice. We eat—and we adjourn. Although what goes before might seem to contradict, we insist that we turn out enthusiastically to our meetings, and have accomplished much of importance.

"Now, we'd like to know, very much, *who else is alive?* Let's hear from you, sister private duty groups."

Heaven Helps Those . . .

There will never be any real improvement in the conditions of private practice until private nurses become more articulate than they are at present and there is only one way to gain confidence in either writing or public speaking and that is by practice. Of all forms of literary expression the writing of letters is the easiest. Many people can write an excellent letter who become stilted and dull when they attempt a formal article. Why not take pen in hand? Anonymous contributions cannot be accepted, but a pen name may be used providing the real name and address are made known to the editor. The more violently you disagree with points of view set forth in the *Journal* the better.

Why not answer the challenging question put by Calgary: *who else is alive?* and prove that you *are* by contributing to the Forum.

*See *The Canadian Nurse,* May, 1933, p. 255 "A Statement of Policy."

The Student Nurses Page

PHYSIOLOGY ON THE SCREEN

PETRONELLA CHAMARD and PAULINE MARTIN,
First-Year Students in the School of Nursing of St. Mary's Hospital, Montreal.

Perhaps the most difficult study to visualize from text books is physiology. Even after a comprehensive course in the subject, first-year nurses find it difficult to reconcile theory and reality. It is one thing to learn that food, in process of digestion, passes from the oesophagus through the cardiac opening into the stomach and thence out again to the duodenum, via the pyloric opening, but actually to witness this process in the rabbit and dog is a vastly different matter. Motion pictures prepared by the Petrolagar Laboratories of Chicago were shown recently to the student nurses of the School of Nursing of St. Mary's Hospital, Montreal, and the highly interesting phenomena of physiology were actually depicted on the screen and clarified still further by the explanations of Dr. Mullally, a member of the medical staff of the hospital.

The first series of pictures showed the movements of the alimentary tract in experimental animals. Of particular interest were the movements of peristalsis and anti-peristalsis. These phenomena, which had been explained to us so many times and in so many different ways, were once and for all made clear to us by these pictures. The second series dealt with the influence of drugs on intestinal motility. To the nurse who is ever "passing medicines" it was pointed out how careful one should be. Acute spasms of contraction, brought about by the taking of an overdose, were clearly shown. Watching the various convolutions of the stomach in its gentle peristalsis could not but fill the spectator with admiration and respect for so intricate a mechanism. We were shown the structure of the abdominal wall and then emergency operations on the liver and bladder. This was especially interesting to those of us who have not as yet had our operating room training. Every minute detail of procedure was shown, even to the making of the incision and suturing it up. Also an appendectomy was shown, step by step, portrayed so clearly and followed so logically that there was left no feeling of "working in the dark," a feeling which should not be tolerated but which unfortunately sometimes exists. Incisions and sutures, hitherto vaguely comprehended, were realistically associated with the previously acquired knowledge of the anatomy and functional activities of the liver and bladder. And many a wide-eyed enthusiast among the probationers returned heavy-hearted, the following morning, to the realities of bed-making and water carrying!

STUDENT CLUBS

Just a year ago we welcomed the first of our Student Clubs to the pages of the *Journal*. The School of Nursing of the City Hospital of Saskatoon led the way and now we have no less than eight of these up-and-coming groups. Here they are: The Saskatoon City Hospital; the Ottawa Civic Hospital; the Ottawa General Hospital; the Montreal General Hospital; the Royal Victoria Hospital, Montreal; the McKellar Hospital, Fort William; Saint John General Hospital, Saint John; Royal Alexandra Hospital, Edmonton.

Why not form a club in your school? If ten or more students from one school subscribe we offer a reduced rate of $1.50 per subscription.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

The Tentative Programme

The trend of activities of the Canadian Nurses Association is revealed in the tentative programme of the General Meeting which is published on the following pages. Throughout the detailed arrangements for the sessions, there appears a continuity of thought which has arisen from present conditions in the profession as well as from the findings and recommendations of the *Survey*. A careful reading of the reports of the General Meeting held in 1932* is suggested as an excellent preparation for those who attend the meeting this year. The sessions are so arranged that everyone can be present all except the business meetings of the three national sections which are being held concurrently. The importance of ascertaining the point of view of physicians and the laity has not been overlooked. The medical profession will be represented by the Hon. J. M. Robb, Minister of Health of Ontario and by Dr. C. P. Lusk of Toronto. As already announced, Dr. R. C. Wallace, President of the University of Alberta and Dr. Ira MacKay, Dean of the Faculty of Arts, McGill University, will also deliver addresses.

The Joint Study Committees

The reports of the progress made by the National and Provincial Joint Study Committees are well placed under the general topic of "Nursing—the present." Before discussion is opened, the meeting is to be addressed by Professor H. M. Cassidy of the University of Toronto, an economist of repute. Now, when even the most optimistic acknowledge the uncertainty of the coming years, it behoves the entire national organization to study seriously and plan cautiously, yet daringly, for future development.

*See *The Canadian Nurse*, September, 1932.

National Projects

National undertakings, as reflected in the reports from special committees, indicate the variety and scope of these interests. No one can afford to miss the session at which these reports are to be given. The C.N.A. faces two heavy financial responsibilities, both of which must receive careful consideration by the official delegates in regard to future action and support. These are The Florence Nightingale Memorial Foundation as proposed by the International Council of Nurses and *The Canadian Nurse*. The two year experimental period under which the *Journal* is operating terminates on December 31, 1934.

The Business Sessions

In the interval between general meetings the business of the C.N.A. becomes the responsibility of the Executive Committee. It is only once in every two years that there is an opportunity for representatives of the entire membership to meet for discussion of national problems and future policies. Let no one miss the business sessions, thus supporting and encouraging the Executive Committee, the members of which give so freely of their ability and time on behalf of the Canadian Nurses Association.

Transportation and Hotels

After careful inquiry concerning the validated certificate plan it has been decided that the reduced summer rates are more advantageous. Special arrangements for transportation are therefore not being made. As previously announced in the *Journal* excellent accommodation can be obtained at moderate rates at the Royal York Hotel and at other conveniently located hotels. Early reservation is advised. Parking accommodation will be available adjacent to the convention headquarters.

THE CANADIAN NURSES ASSOCIATION

BIENNIAL MEETING

Royal York Hotel, Toronto, Ontario

JUNE 25 - 30, 1934

All sessions will take place at the Royal York Hotel

TENTATIVE PROGRAMME

MONDAY—JUNE 25

9.30 a.m. Conference of nurse members of the Provincial Joint Study Committees with the National Joint Study Committee.

1.30 p.m. Registration.

1.30-2.30 p.m. *Section executive committee meetings*: (a) Nursing Education Section; (b) Private Duty Section; (c) Public Health Section.

2.30 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

6.30 p.m. Dinner given in honour of the members of the Executive Committee, Canadian Nurses Association by the Registered Nurses Association of Ontario.

8.00 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

TUESDAY—JUNE 26

General Session, 9.30 a.m.

8.30-9.30 a.m. Registration.

9.30-10.15 a.m. Invocation: The Rt. Rev. Bishop Derwyn T. Owen, D.D.
Reading of minutes.
Report of Honorary Secretary.
Report of Honorary Treasurer.
Report of Executive Secretary.
Correspondence.

10.15-12.15 a.m. *Reports of Standing Committees with discussion*:
(a) Publications Committee—Miss Florence H. M. Emory.
(b) Arrangements Committee—Miss Mary Millman.
(c) Programme Committee—Miss Florence H. M. Emory.
Presentation of resolutions from the Executive Committee and the Provincial Associations. Appointment of resolutions committee. Appointment of scrutineers and instructions regarding ballot. Appointment of press representatives. Roll call of federated associations.

Reports of affiliated associations:
(a) The International Council of Nurses.
(b) The National Council of Women of Canada.
(c) The Canadian Council on Child and Family Welfare.

12.15 p.m. Adjourn to view exhibits.

General Session, 1.45 p.m.

1.45-3.15 p.m. *Reports of Special Committees with discussion*:
(a) Joint Study Committee Canadian Medical Association and Canadian Nurses Association: Miss Jean E. Browne.
(b) National Enrolment: Miss Ruby E. Hamilton.
(c) Membership Campaign: Miss Mary Millman.
(d) Exchange of Nurses: Miss Jean E. Browne.
(e) History of Nursing: Miss Jean E. Browne.
(f) Interpretation of the Historical Development of Nursing in Canada: Miss Jean I. Gunn.
(g) Mary Agnes Snively Memorial: Miss Jean E. Browne.
(h) Commercial and Professional Exhibits: Miss Jean S. Wilson.
(i) Budget Committee: Miss Margaret Murdoch.
(j) Co-ordination of nursing education interests: Miss Marion Nash.
(k) Publicity for higher education for Nurses: Miss M. F. Hersey.
(l) Curriculum for nurses in training in mental hospitals: Miss N. Fidler.
(m) Scholarship award. Florence Nightingale Memorial Foundation: Miss Ruby E. Hamilton.

3.15 p.m. *Presidential Address*: "Yesterday and Tomorrow."

3.35 p.m. *Provincial Reports with discussion*:
Alberta: Miss Fanny Munroe.
British Columbia: Miss Mabel F. Gray.
Manitoba: Miss Mildred M. Reid.
New Brunswick: Miss Alena J. MacMaster.
Nova Scotia: Miss Anne Slattery.
Ontario: Miss Marjorie Buck.
Prince Edward Island: Miss Lillian Pidgeon.
Quebec: Miss Caroline V. Barrett.

Saskatchewan: Miss Edith Amas.

4.30 p.m. The Registered Nurses Association of Ontario will be hostesses at a tea to be given at the Royal York Hotel.

General Session, 8 p.m.

(open to the public)

Chairman: Miss Marjorie Buck, President, Registered Nurses Association of Ontario.

Addresses of Welcome:

Hon. George S. Henry, Premier of the Province of Ontario; His Worship, the Mayor of Toronto, Mr. William J. Stewart; F. C. Neal, M.D., President ,Ontario Medical Association; Miss Marjorie Buck, President, Registered Nurses Association of Ontario.

Response to addresses of welcome: Miss Florence H. M. Emory, President, Canadian Nurses Association.

Address: Dr. Robert C. Wallace, President, University of Alberta.

WEDNESDAY—JUNE 27

General Session, 9.30 a.m. Nursing: The Present

9.30-10.30 a.m. *Reports of Provincial Joint Study Committees*:

Alberta: Miss Margaret S. Fraser.
British Columbia: Miss Grace M. Fairley.
Manitoba: Miss Kathleen W. Ellis.
New Brunswick: Miss Margaret Murdoch.
Nova Scotia: Miss Anne Slattery.
Ontario: Miss Mary Millman.
Prince Edward Island: Miss Anna Mair.
Quebec: Miss Caroline V. Barrett.
Saskatchewan: Miss Ruby M. Simpson.

10.30-11.00 a.m. *Address*: H. M. Cassidy, Ph.D., Assistant Professor of Social Science, University of Toronto.

11.00-12.00 a.m. *Discussion*

12.00 12.15 p.m. *Summary of discussion and presentation of resolutions*: Miss Jean E. Browne, secretary, National Joint Study Committee.

12.15 p.m. Adjourn to view exhibits.

General Session, 2 p.m. Nursing: The Future

2.00-3.00 p.m. A symposium: The future of nursing as seen by:

A public health nurse: Miss Elizabeth L. Smellie, C.B.E., Chief Superintendent, Victorian Order of Nurses for Canada.

A private duty nurse: Miss Mabel McMullen, St. Stephen, N.B.

A nurse educator: Miss Ethel Johns, editor and business manager, *The Canadian Nurse*.

3.00-4.15 p.m. *Discussion led by*:

Miss Margaret L. Moag, Chairman, Public Health Section, Canadian Nurses Association, and Superintendent of Victorian Order of Nurses, Montreal.

Miss Isabel M. MacIntosh, Chairman, Private Duty Section, Canadian Nurses Association.

Miss Marion Lindeburgh, Assistant Director, School for Graduate Nurses, McGill University.

4.15-4.30 p.m. *A summary of discussion and presentation of resolutions*: Miss Ruby M. Simpson, O.B.E., director of Nursing Services, Provincial Department of Health, Saskatchewan.

4.30 p.m. Adjourn to view exhibits.

General Session, 7.00 p.m.

7.00 p.m. A dinner commemorating the twenty-fifth anniversary of the founding of the Canadian Nurses Association.

Greetings will be extended by:

The Hon. and Rev. H. J. Cody, President, University of Toronto.

Certain fraternal delegates.

Mrs. Brent Goodson, Charter Member, Canadian Nurses Association.

Address: Dr. Ira Mackay, Dean of the Faculty of Arts, McGill University.

THURSDAY—JUNE 28

General Session, 9.00 a.m.

9.00-9.45 a.m. Report of the Editor and Business Manager of *The Canadian Nurse*. Recommendations of the Executive Committee regarding future policy.

9.45-10.30 a.m. Discussion.

10.30-11.15 a.m. The Florence Nightingale Memorial Foundation.

(a) *The national point of view*: Miss Grace M. Fairley, Vancouver, Convenor of the Florence Nightingale Memorial Foundation, Canadian Nurses Association.

(b) *The provincial point of view*: Miss Cory Taylor, Winnipeg, Convenor of the Florence Nightingale Committee, Manitoba Registered Nurses Association.

11.15-12.15 a.m. *Discussion*, introduced by Miss Jean I. Gunn, member, International Committee, Florence Nightingale Memorial Foundation.

12.15-12.30 *A summary of discussion and presentation of related resolutions*: Miss M. K. Holt, Montreal, member, Florence

Nightingale Memorial Committee, Canadian Nurses Association.

12.30. Adjourn to view exhibits.

Concurrent meetings of the three National Sections, 2.00 p.m.

Nursing Education Section

Chairman: Miss Grace M. Fairley.

2.00-3.15 p.m. Reading of minutes.
Chairman's address.
Report of secretary.
Report of treasurer.
Correspondence.
Reports of committees.
Reports of Provincial Committees on Nursing Education:
Alberta: Miss J. Connal.
British Columbia: Miss L. Mitchell.
Manitoba: Rev. Sister St. Albert.
New Brunswick: Rev. Sister Corinne Kerr.
Nova Scotia: Mrs. Murray MacKay.
Ontario: Miss S. M. Jamieson.
Prince Edward Island: Miss M. Lavers.
Quebec: Miss Martha Batson.
Saskatchewan: Miss G. M. Watson.
Appointment of Resolutions Committee.
Appointment of Scrutineers.
Election of Officers.

3.15-4.15 p.m. *Round Table Conference*: Questions submitted by the National Committee on Curriculum and the provincial Nursing Education Sections regarding:
(a) Postgraduate and staff education;
(b) Making the clinical experience of the student of greater educational value;
(c) Importance and value of mental hygiene and psychiatry in the undergraduate course.

4.15-4.30 p.m. Unfinished and new business.

Private Duty Nursing Section

Chairman: Miss Isabel MacIntosh.

2.00-3.00 p.m. Reading of minutes.
Chairman's address.
Report of secretary-treasurer.
Correspondence.
Roll call of members by provinces.
Report of publications committee: Miss Jean Davidson.
Report of nominations committee: Mrs. Rose Hess.
Report of exhibits committee: Miss Frances Mathews.
Appointment of resolutions committee:
Reports from Private Duty Committees of the Provincial Associations:
Alberta: Miss Jean Clow.
British Columbia: Miss M. Mirfield.
Manitoba: Miss K. McCallum.
New Brunswick: Miss Mabel McMullen.
Nova Scotia: Miss Christine MacLeod.
Ontario: Miss Clara Brown.
Prince Edward Island: Miss M. Gamble.
Quebec: Miss Christine Watling.
Saskatchewan: Miss M. R. Chisholm.

3.00-3.45 p.m. *Round Table Conference*: Topic: Eight Hour Duty, discussion led by Miss M. Mirfield.

3.45-4.30 p.m. *Address*: Miss E. Johns, discussion led by Miss Helen Buhler, Hamilton.
Election of officers.
Unfinished business.

Public Health Nursing Section

Chairman: Miss Margaret Moag.

2.00-3.15 p.m. Reading of minutes.
Chairman's address.
Report of secretary.
Report of treasurer.
Correspondence.
Reports of committees.
Reports of Provincial Committees on Public Health:
Alberta: Miss Blanche A. Emerson.
British Columbia: Miss M. Duffield.
Manitoba: Miss E. McKelvey.
New Brunswick: Miss A. Burns.
Nova Scotia: Miss A. Edith Fenton.
Ontario: Mrs. Agnes Haygarth.
Prince Edward Island: Miss Ina Gillan.
Quebec: Miss Christine Dowling.
Saskatchewan: Mrs. E. M. Feeney.
Appointment of resolutions committee.
Appointment of scrutineers.

3.15-3.45 p.m. Address: "New Frontiers in Public Health Nursing", Miss Sybil H. Pease, supervisor of Mental Hygiene, East Harlem Nursing and Health Service, New York City.

3.45-4.30 p.m. General discussion.

4.30 p.m. A drive through the city with high tea at the Children's Convalescent Hospital, Thistletown, as the guests of the Board of Directors of the Hospital for Sick Children, Toronto.

FRIDAY—JUNE 29

General Session, 9.30 a.m.

9.30-10.30 a.m. *Report of the Curriculum Committee of the Nursing Education Section of the Canadian Nurses Association*: Miss Marion Lindeburgh. Discussion of future policies regarding this committee's work.

10.30-12.30 *Discussion led by a representative of each of the three sections of the Canadian Nurses Association*:

(a) The selection of students: Miss M. Blanche Anderson, instructor, School for Nurses, Civic Hospital, Ottawa.

(b) The possibilities of introducing health teaching into the basic course: Miss Ethel Cryderman, supervisor, Victorian Order of Nurses for Canada.

(c) The teaching of nursing theory and practice in preparing the nurse for service in the home and the community: Miss Ruth Tallman, Hamilton.

12.00-12.15 Summary of discussion and presentation of related resolutions: Miss Eileen Flanagan, Royal Victoria Hospital, Montreal, member of the Curriculum Committee, Canadian Nurses Association, Nursing Education Section.

12.15 Adjourn to view exhibits.

General Session, 2 p.m. Nursing: The Interval

2.00-3.00 p.m. *A symposium on modifications in nursing service toward which we should aim*:

(a) The Nurse: Miss Jean I. Gunn, superintendent, School for Nurses, Toronto General Hospital.

(b) The Physician: Dr. C. P. Lusk, Toronto.

(c) The Government Official: Dr. J. M. Robb, Minister of Health ,Ontario.

3.00-4.15 p.m. Discussion.

4.15-4.30 p.m. *Summary of discussion and presentation of resolutions*: Miss E. Kathleen Russell, director, School of Nursing, University of Toronto.

4.30 p.m. *Garden Party*. Hostesses: The Registered Nurses of Toronto.

General Session, 8.30 p.m. Nursing: The Past

8.30 p.m. A pageant interpreting the historical development of nursing in Canada.

SATURDAY—JUNE 30

General Session, 9.30 a.m.

9.30-10.15 a.m. *Reports of Sections: Activities 1932-1934 and findings of the sessions*:

Nursing Education: Miss Grace M. Fairley.
Private Duty: Miss Isabel MacIntosh.
Public Health: Miss Margaret Moag.

10.15-10.30 a.m. Report of resolutions committee.

10.30-11.30 a.m. Unfinished business and new business.

11.30-12.00 Election of officers.
Adjournment.

2.00-4.00 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

HOTEL ACCOMODATION

Except where indicated, rooms with bath are quoted, also the rate given for double rooms is per person (S.—single room; D.—double room).

Royal York Hotel: S., $3.50; D., $3.00.

King Edward Hotel: S., $2.50, $3.00, $3.50; D., $2.00, $2.50, $3.00.

Westminster Hotel: 210 Jarvis Street: S., $2.50; D., $2.00 (European plan, tea room and dining room in connection).

Hotel Waverley: 488 Spadina Avenue: S., $2.50, $3.00, or with hot and cold water only, $2.00; D., $2.00, $2.50, $3.00, or with hot and cold water only, $1.50, $1.75.

Y.W.C.A.: 76 Pembroke Street and 18 Elm Street: Bed and breakfast, $1.00, $1.50; Room and meals, $1.50, $2.00.

Those wishing to arrange for convent accommodation should write to Rev. Sister Superior, St. Michael's Hospital, Bond Street, Toronto.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The regular meeting of the Calgary Association of Graduate Nurses was held on Feb. 20, the president, Miss P. Gilbert, in the chair. Dr. W. H. McGuffin, radiologist, gave an interesting lecture on malignant disease, particularly those forms which attack the skin and mouth. He emphasized the importance of the missionary work which nurses can do in helping to educate the public to the necessity of a periodical medical examinatoin by their family physician. A letter was read from Miss E. McPhedran, Alberta representative of the A.A.R.N. to the National Committee on the Florence Nightingale Memorial Fund and a grant of $10.00 was voted. Miss M. Watt was appointed to represent the C.A.G.N. on the provincial committee, of which Miss McPhedran is chairman.

LETHBRIDGE: The annual meeting of the Lethbridge Graduate Nurses Association was held on Feb. 12, seventeen members being present. A resolution to amend the by-laws was passed to the effect that: "Fees for registration of the private duty nurse be reduced to $4.00 for the year 1934, payable half yearly. It is necessary that this fee be paid before a nurse is allowed on the registry." Election of officers for 1934 resulted as follows: Miss Jean MacKenzie was re-elected president. Miss J. Brodie was elected vice-president; Miss B. Clark, secretary, and Miss H. Davidson as treasurer. Miss A. M. Tilley acted as hostess.

BRITISH COLUMBIA

VANCOUVER: The annual meeting of the Graduate Nurses Association of British Columbia takes place on April 2 and 3 at New Westminster. The afternoon of the first day will be devoted to the transaction of business and the hearing of reports. An address entitled "What is happening to family life?" will be given by Dr. W. G. Topping of the department of economics and sociology in the University of British Columbia. Afternoon tea will be served by the Graduate Nurses Association of New Westminster. In the evening Miss M. L. Bollert, Dean of Women in the University of British Columbia ,will be the guest speaker. On the second day a panel discussion has been arranged of which Miss Margaret Kerr will be chairman. At the evening meeting, Dr. H. T. J. Coleman, head of the department of philosophy in the University of British Columbia will speak on "Education as a factor in a changing world."

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held their monthly meeting on Feb. 6, thirty eight being present. The private duty section were in charge of the meeting and Mrs. Fletcher, the delegate to the annual meeting of the Manitoba Association of Registered Nurses, gave a concise report. Rev. Mr. Garden, the guest speaker, made a trip through Canada's beauty spots most interesting.

ST. BONIFACE: St. Boniface Hospital Nurses Alumnae Association held their monthly meeting on Feb. 14. Reports from the various sections were read after which Miss Ellen Banks gave a paper on "New Treatment of Burns." This proved both interesting and instructive. The meeting was well attended. Miss Parenteau (St. B. H., 1929), and Miss Emma Kuneman (St. B. H. 1929), are at present on the staff at St. Boniface Hospital.

WINNIPEG: Miss Cory Taylor, provincial convener in Manitoba, of the Florence Nightingale International Memorial, has been the guest, during the past month, of the various Alumnae Associations in Winnipeg at their monthly meetings. The object of Miss Taylor's visits was to give a very interesting talk describing in full the objectives of the Florence Nightingale International Memorial. We are grateful to Miss Taylor for helping us, as we all intend to do our share.

WINNIPEG: The Alumnae Association of the school of nursing of the Misericordia Hospital held their monthly meeting on March 5 when we had the pleasure of being the first Winnipeg Alumnae Association to have as their guest speakers Miss Cory Taylor, convenor, and Miss Emily Parker, a representative of the Manitoba committee, who described the Florence Nightingale International Foundation which is to be a living monument to our great leader. There was much enthusiasm among our nurses and we will try to do our part to help its success.

NEW BRUNSWICK

FREDERICTON: The graduate nurses of Victoria Public Hospital held their tenth Alumnae dinner on Feb. 16, when twenty-eight members were present as well as eleven student nurses, comprising this year's graduating class, who were guests of the Association. The guests were received by Mrs. Trafford Donovan and Mrs. J. T. Mavor acted as toast mistress. A telegram of good

wishes was received from Miss V. Winslow, superintendent of the Children's Hospital, Halifax, who organized the Alumnae Association when she was superintendent of the hospital in Fredericton ten years ago.

SAINT JOHN: The Saint John Chapter of the N.B.A.R.N. met recently, with Miss A. A. Burns in the chair and there was a large attendance. Mrs. J. H. Vaughan and Miss Charlotte Hume were appointed to the auditing committee. The appointment of Miss Marion Myers to the Provincial Committee of Nursing Education was made. Miss Hazel Reicker, chairman of the Registry Committee, exhibited the Cardex System to be used at the local registry. Dr. Geo. M. White addressed the meeting. An interesting address on the course in public health nursing, which she attended at Columbia University, was given by Miss H. Dykeman, director of public health nursing services for New Brunswick, at a meeting of the public health section of the Saint John Chapter N.B.A.R.N., with Miss M. Wallace presiding. The senior class of the training school S.J.G.H. entertained at an enjoyable dance on Feb. 13, with Miss I. Williams as convenor. Miss Murdoch and Miss Myers received the guests.

MARRIED: In February, 1934, Miss Edith Powers (St. Joseph's Hospital), to Dr. Perry Knox, at the Bishop's Palace, Saint John, N.B.

WOODSTOCK: The regular meeting of the Alumnae Association of the school of nursing of the L. P. Fisher Memorial Hospital was held on Feb. 20. Regular business was transacted.

ONTARIO

DISTRICT 1

CHATHAM: A delightful evening was spent at St. Joseph's Hospital, Chatham, when Miss Priscilla Campbell, superintendent, Public General Hospital, Chatham, gave a report on her trip abroad.

MARRIED: On Jan. 3, 1934, at Jeanetts Creek, Miss Blanche Ouellette (St. J. H.), to Mr. Joseph Yazbeck, of Thamesville.

LONDON: The regular meeting of the Ontario Hospital Alumnae Association was held on Feb. 8, when four new members were enrolled. It was decided to have the announcement of the Association appear in the official directory of *The Canadian Nurse* and ten dollars was voted for this purpose. A special meeting was called on Feb. 12, to arange about a donation to the Florence Nightingale Fund. It was decided to send this through the committee of which Miss Ruby Hamilton of Toronto is convenor. The nursing staff of the Ontario Hospital, held a delightful party in honour of Miss Catherine Cotter who is retiring after thirty-two years' service on the nursing staff. The guest of honour was presented with a sterling silver brush, comb and mirror, Misses Stapleton and Kennedy making the presentation. Miss Mary L. Jacobs and Mrs. E. J. Kitchen presided at an attractive tea table decorated in the school colours, Misses N. Williams, A. Fitzgerald and I. Lindsay assisting.

LONDON: The eight-hour nursing day is being tried out in London for registered nurses on private duty in hospitals and in homes. It will now be possible to have two nurses in place of one, or three in place of two at a reduced rate. The new rate is $3.00 for eight hours of $9.00 for twenty-four hours. By the twelve-hour schedule, the full day is divided into two, instead of three shifts, at a rate of $5.00 per twelve hours on $10.00 for twenty-four hours and only two instead of three nurses employed. A more even distribution of work among the nurses is what is being aimed at. Since three will be employed at a cost of $1.00 less than was formally paid for two, it seems probable that people who need nursing service will approve of the plan, and nurses on eight-hour duty can give a better service especially if the case is a heavy one. This schedule covers general medical and surgical cases.

LONDON: Miss Jean McNaughton (Victoria Hospital, 1932), and a graduate of the University of Western Ontario public health nursing course, has been appointed to the public health staff in Sarnia.

DISTRICTS 2 AND 3

BRANTFORD: The regular meeting of the Alumnae Association of the Brantford General Hospital was held March 6, with the president, Miss K. Charnley, presiding. Miss A. Bingeman, chairman of Districts 2 and 3, R.N.A.O., was the guest speaker and addressed the meeting in regard to R.N.A.O. membership. Mr. A. M. Harley gave an interesting address on current events at a recent supper meeting of the staff conference at the Brantford General Hospital. Miss Margaret Gillespie leaves shortly on a Mediterranean cruise. She is sailing on the S.S. Aquitania. Miss Dorothy Franklin (class 1932 B.G.H.) has accepted a position as general duty nurse at the Stephenson Memorial Hospital, Alliston, Ont.

GALT: The winter meeting of Districts 2 and 3 was held in Galt, on Feb. 7, about one hundred nurses being present. Miss A. Bingeman of Freeport, president of the local districts, was in the chair and Miss S. Mitchell, president of the Galt Alumnae Association,

welcomed the guests. Dr. J. McQueen welcomed the guests on behalf of the medical staff and Dr. Doyle of the Ontario Hospital, Hamilton, who was one of the guest speakers, gave a very interesting talk on the work of the mental clinics throughout the province. Dr. Ward Woolner, of Ayr, spoke on the value of organization, and stressed the importance of nurses being members of such an organization as the R.N.A.O. Miss E. McKim, superintendent of the new Ontario Training School for girls in Waterloo County, another interesting speaker, gave an outline of the work being accomplished among the girls in this school. Miss S. Post, R.N., of Galt, sang several delightful solos. It was decided that the next meeting will be held in the early part of June at the Homewood Sanitarium, Guelph, at the kind invitation of Miss Northmore. High tea was served by the Galt Nurses' Alumnae Association.

GUELPH: At the February meeting of the Guelph Hospital Alumnae Association, Professor McLean of the English Department of the Ontario Agricultural College, gave a most interesting address on "Pepys' Diary."

GUELPH: The Alumnae Association of St. Joseph's Hospital held a successful dance recently. At the January meeting of the Alumnae Association the election of officers for the year took place.

DISTRICT 4

HAMILTON: The annual meeting of District 4, R.N.A.O. was held on Feb. 17, with Miss C. Brewster, chairman, presiding. A good attendance from Hamilton and vicinity, and from St. Catharines, marked the interest taken in the activities of the Association, which were reported on by the various committees and groups. Membership for the year 1933 totalled four hundred and sixty-four. A balance in the treasury of $255.58 was shown, and the sum contributed to the permanent education fund $159.75. The public health group reported having had a course of lectures on mental hygiene by Dr. Montgomery of the Ontario Hospital, Hamilton; also a maternity institute conducted by Miss E. Cryderman, of the Victorian Order of Nurses. The private duty nurses have formed a group, within the district, for the purpose of studying the problems confronting the private duty nurse and their possible remedy. The speaker of the evening was Miss C. Ethel Greenwood whose address on the International Congress of Nurses proved interesting and amusing. Officers elected for 1934 were as follows: *Chairman*: Miss C. E. Brewster, Hamilton; *Vice-Chairman*: Miss M. Park, Niagara Falls; *Secretary-Treasurer*: Mrs. Norman Barlow, Hamilton; *Councillors*: Miss A. Wright, St. Catharines; Miss J. Allen, Niagara Falls; Miss E. Smith, Welland; Miss A. Schiefele, Miss M. L. Sutherland, Miss F. Nicholson, Hamilton; *Nurse Education*: Miss E Chisholm; *Public Health*: Miss A. Boyd; *Private Duty*: Miss E. Moran. A pleasant social hour was spent when Miss Jean Souter and Miss Janet Murray presided at the tea table.

DISTRICT 5

TORONTO: On Feb. 16, a joint meeting of the Public Health Nursing Alumnae, and the Hospital Teachers and Administrators Alumnae was held at the School of Nursing, Toronto University. As the amalgamation of the two associations had been heartily endorsed at the last general meeting of the individual groups, the main business of the meeting was the reading and adoption of the new constitution. The new association will be known as the Alumnae Association of the School of Nursing, University of Toronto, and the executives of the former associations are to carry on, sharing responsibilities until the next annual meeting in June. A letter from Miss Ruby Hamilton, convenor of the Provincial Florence Nightingale Memorial Committee was read and ten dollars was voted as this year's contribution. A pleasant social hour was spent and refreshments were served.

TORONTO: Professor G. D. Glaxebrook, of the University of Toronto, addressed the members of the Community Health Association of Greater Toronto, at a meeting held on Feb. 13, on "The Political Situation in Europe." Miss Laura Gamble presided. A bridge of about seventy tables was held on March 3, under the auspices of the Association. Groups from many of the hospitals and nursing organizations, as well as their friends, were present.

TORONTO: Miss Elizabeth Smellie, C.B.E., R.R.C., was the guest of honour at the annual dinner meeting on March 6, of the staff council, Toronto Branch, Victorian Order of Nurses for Canada. Miss Edith Campbell, M.M., R.R.C., was also a guest. Miss Spearing, of the Weston Branch, together with Miss Ferguson, Miss Webb, Miss Lawson and Miss Hopper of the York Township Branch, joined with the Toronto staff who were present en masse, with the exception of those on the sick list or on night duty. The table, arranged as a three-sided square, was gay with yellow and blue spring flowers and individual candy baskets made by a patient. These were of blue crepe paper with a white stork, feathers and all, with a small naked baby perched on top of the candy. Other

pretty favours were in the form of paper book marks of pale pink with a baby's head and the letters V.O.N. interlaced in black and gilt. These were made by an art student, the sister of one of the staff. Because Miss Smellie has so many children that she might get them mixed, Miss McNamara, the chairman, asked each staff member to introduce the person on her right. This was done by reading absurd rhymes which had been prepared by the poets of the branch. Miss McNamara, in proposing a toast to Miss Smellie, expressed the delight and satisfaction each member of the Council continued to feel in connection with the honour conferred upon her chief by His Majesty the King. Miss Smellie, in replying, said she had experienced great pleasure in that the work of the Order throughout Canada had been recognized in the person of its Chief Superintendent, and told amusing anecdotes incident to the announcement of the award. Brief reports of the activities of the Council for the year were presented and the following officers for 1934-1935 were elected: *President*: Miss Kathleen McNamara; *Vice-President*: Miss Grace Milne; *Secretary*: Miss Grace Cameron; *Treasurer*: Miss Stevenson; *Convenor Social Committee*: Miss Grace Rogers.

MARRIED: In November, 1933, Miss Doris Bailey (H.S.C., 1929), to Mr. Chisholm, of Oakville.

MARRIED: In January, 1934, Miss Ruth Hillock (H.S.C., 1931), to Mr. Noyes, of Oneida, N.Y.

DISTRICT 6

PETERBOROUGH: Chapter C. of District 6, R.N.A.O., held its annual meeting on Jan. 30. Miss Fanny Dixon was re-elected chairman; Mrs. E. M. Leeson, vice-chairman; and Miss A. Price, secretary-treasurer. Dr. G. Stewart Cameron gave a very interesting address on "Future trends in nursing."

PETERBOROUGH: The Nicholls Hospital Alumnae Association, under the direction of Miss Mable Watson, social convenor, recently held a successful bridge party, the proceeds of which were used for relief purposes.

DISTRICT 7

KINGSTON: The annual meeting of the Kingston General Hospital Alumnae Association was held in February, with eighty members present. The association voted ten dollars to the Florence Nightingale Memorial Fund, this sum to be given annually for a number of years. The following officers were elected for the ensuing year: *Honorary President*: Miss L. D. Acton; *President*: Miss A. Baillie; *Vice-President*: Miss F. Smart; *Secretary*: Miss V. MacMartin; *Treasurer*: Mrs. C. W. Mallory; *Private Duty Section*: Miss B. Howes; *Flower Committee*: Mrs. S. Smith; *Press Representative*: Miss E. Sharp.

KINGSTON: A number of graduate nurses and other friends gave a tea at the Kingston General Hospital on March 1, in honour of Miss E. Leeder, who has retired after acting for the past twenty-three years as Victorian Order nurse in Kingston. Much praise was given Miss Leeder for the splendid work she has done for the Order and for her co-operation with the K.G.H. As a token of appreciation she was presented with a bouquet of spring flowers. Mrs. R. F. Armstrong presided at the tea table and Miss Baillie and Miss O. Wilson assisted.

DISTRICT 8

OTTAWA: The annual meeting of District 8, R.N.A.O. was held on Feb. 9, with an attendance of about three hundred. Reports from the different sections were read and a motion picture on spinal anaesthesia, under the direction of Dr. Mirsky and shown by Mr. J. R. Booth, proved interesting and instructive. The evening session took the form of an open meeting when Miss Ethel Johns, editor of *The Canadian Nurse*, was the guest speaker. Delightful solos were sung by Mrs. Robert Jefferson, accompanied by Miss Murphy. A hearty vote of thanks was tendered the retiring chairman, Miss Percy, by Miss Jean Church. The following officers were elected for 1934: *Chairman*: Miss Blanche Anderson; *Vice-Chairman*: Miss Jean Church; *Secretary*: Miss A. G. Tanner; *Treasurer*: Miss Mary Acland; *Councillors*: Misses G. Clarke, A. Ebbs, Christine Murray, Mary Slinn, Mary Graham and E. C. McIlraith.

OTTAWA: The annual dinner and bridge party of the Lady Stanley Institute Alumnae Association took place on Feb. 22, when the members were received by the president, Miss Jean Blyth, and by Mrs. W. C. Elmitt convenor of arrangements for this happy event. More than fifty members were present, many coming to Ottawa specially for the occasion. Greetings were read from Alberta, Illinois, and India. The tables were centred with spring flowers and pink tapers in silver candelabra.

OTTAWA: A very successful tea, money shower and musicale was held on Feb. 10, by the student nurses of the Ottawa General Hospital. The proceeds will be voted to the general fund of the organization. The guests were received by Rev. Sister Flavie Domitille, superintendent of nurses, and by Sister Madeleine of Jesus, instructor of nurses, Miss

Frances Baxter, president of the student nurses association, and Miss Greta Nagle, vice-president.

MARRIED: Miss Azeta Whelan (O.G.H., 1932), to Mr. Leonard Leclair, of Ottawa.

QUEBEC

MONTREAL: We are glad to report that due to the modern treatment of fractures, Miss M. K. Holt who suffered a Potts fracture on February 6, was walking in two weeks, and although still in a cast, was in her office for a short time at the end of the third week. Miss Evelyn Horsfall (M.G.H., 1925), has recently accepted a position as X-Ray Technician at the Montreal Children's Hospital. Miss Rosamond Lamb (M.G.H., 1933), who has recently accepted a position on the operating room staff at the Western Division, is at present relieving in the operating room at St. Mary's Hospital. Miss M. J. Almond (M.G.H., 1933), has been appointed to the staff of the Western Division. The following M.G.H. graduates have recently completed a four months' internship course, including experience in various wards and departments of the hospital: the Misses Margaret Campbell (1929), Charlotte Jackson (1933), M. J. Almond (1933), Helen Hamilton (1933), N. Siddons-Gray (1933), Conradine Fitz-Gerald (1933), Irene M. Gilbert (1933), Jean Harvey (1932).

MONTREAL: The monthly meeting of the Alumnae Association of the Royal Victoria Hospital held on Feb. 14, was very largely attended. Professor E. G. D. Murray, Department of Bacteriology, McGill University, gave a most instructive address on "Staphylococcus infection,, and the use of serum." At the March meeting, Miss Mabel Clint (R.V.H., 1910), read excerpts from her book entitled "Our Bit", which is to be published in the near future.

MONTREAL: Great interest is being displayed in the efforts being made to raise funds in support of the McGill School for Graduate Nurses. A dance will take place at the Ritz Carlton Hotel on April 18, which is being sponsored by the younger graduates of the school and has received hearty support from the student nurses in the various schools of nursing in Montreal. In addition, two bridge parties have been arranged, one to be held on the afternoon of April 19 and one on the evening of the same day, both at the Ritz Carlton Hotel. It is also gratifying to note that 1934 pledges are steadily coming in and that applications for enrolment for the session of 1934-1935 are already being received. Further information may be obtained from Miss E. Frances Upton, 1396 St. Catherine St. West, telephone PLateau 7027.

QUEBEC: At the February meeting of the Alumnae Association of Jeffrey Hale's Hospital, the special speaker was Mr. D. Jackson who gave an interesting talk on Charles Dickens and his "Tale of Two Cities." The special speaker at the March meeting was Dr. Leblanc, who gave us a most vivid and humourous description of his recent visit to France, Switzerland and other European countries. Refreshments were served at the close of both meetings. Miss G. Weary, formerly supervisor of the private and the women's wards is now in charge of the central linen room.

SASKATCHEWAN

REGINA: The annual meeting of the Saskatchewan Registered Nurses Association will be held April 5 and 6 in Moose Jaw. The business of the association will occupy the first day when the reports of the employment committee, the membership committee and a discussion with regard to the appointment of an inspector of nursing schools will be important items. The name of the scholarship student for 1934 will be announced. The second day will be devoted to the presentation and discussion of nursing problems. Four private duty nurses will present various phases of their difficulties. The convention will close with an address by an outstanding member of the legal profession on "What is a Profession?" and an address on the "Profitable Use of Leisure" by a prominent woman who is a member of the Regina City Council, and formerly chairman of the Regina Public School Board.

REGINA: Miss M. Faust (McGill, 1933), has been appointed instructor of nurses at the Grey Nuns' Hospital, Regina. Miss Jean Shank (R.G.H., 1933), leaves for Montreal at once to undertake three months' intensive study with the Victorian Order of Nurses. The fund for the purpose of providing employment for nurses has been further augmented by the proceeds of a dance, put on by the Saskatchewan Registered Nurses Association, Regina Branch, on St. Valentine's Day. The Alumnae Society of the Grey Nuns' Hospital has a bridge tournament in progress at present. Part of the proceeds will be donated for the above purpose.

MARRIED: On Jan. 10, 1934, Miss J. F. Bertwistle (R.G.H., 1931), to Mr. A. D. Straith, of Victoria, B.C.

SASKATOON: Miss M. Semple (S.C.H., 1931), has taken a position on the staff of the hospital at Mountain Park, Alberta.

OVERSEAS NURSING SISTERS ASSOCIATION OF CANADA

VANCOUVER: Miss Laura Holland, C.B.E., was elected president of the Vancouver Unit, Overseas Nursing Sisters Association, at its annual meeting. The members of the executive are: Vice-president: Mrs. John Rose (N.S. E. Boultbee); secretary-treasurer: Mrs. J. D. Brough (N.S. E. Charles); Social Convenor: Mrs. E. Helliwell (N.S. K. Perrin); convenor of membership committee: Miss M. McLane; convenor of sick visiting committee: Miss S. Heaney; Press correspondent: Miss J. Johnston. The secretary-treasurer's report showed a membership of sixty-four. A letter from Miss Rayside, C.B.E., the national president was read, speaking of the convention to be held in Toronto in June, and it was announced that a new directory of all Overseas Nursing Sisters in Canada is being prepared. The retiring president, Miss Jane Johnston, gave a full report of the activities of the year and a brief history of the Vancouver Unit since its formation ten years ago. Bouquets of flowers were presented by Miss Matheson, matron of the Shaughnessy Military Hospital, to the president-elect in recognition of the honour conferred on her by His Majesty, and by Mrs. A. E. Cunningham, to the retiring president, in appreciation of her work during the past three years. Refreshments were served, Mrs. J. Shepherd and Mrs. King-Brown presiding. A programme, arranged by Miss Mary McLane and Miss Brand, was given, consisting of lantern slides of interesting and often amusing snapshots taken during overseas days. Other nursing sisters present included: Miss O. Bentley, Mrs. J. R. Bayne (N.S. Kirk), Mrs. Fairchild (N.S. Boyer), Mrs. H. Black (N.S. Kier), Mrs. F. W. Crickard (N.S. Robson), Miss Cresswell, Miss M. Duffield, Mrs. B. Heyer (N.S. Cobb), Miss S. Heaney, Mrs. A. W. Hunter (N.S. Riddell), Miss K. C. Jones, Miss D. Jefferson, Miss H. Jukes, Miss B. McNair, Mrs. T. K. McAlpine (N.S. Rodd), Miss McCammon, Mrs. Jackson, Miss E. Pierce, Miss E. Martin, Miss M. Motherwell, Miss H. Munslow, Mrs. J. D. McCabe, Miss D. Oliver, Miss K. Panton, Miss M. Quigley, Miss H. Rice, Mrs. Robinson (N.S. Fournier), Mrs. W. E. Robi (N.S. Thompson), Miss M. Steele, Miss A. Stewart, Miss E. M. Stewart, Miss B. Swan, Mrs. G. Stead, Mrs. Slevin (N.S. Ellis), Mrs. A. Valentine (N.S. Robertson).

TORONTO: The Executive of the Toronto Unit of the Overseas Nursing Sisters Association of Canada entertained recently at tea at the home of Mrs. F. A. Spence, who received with Miss Ruby Hamilton, president of the club, and Matron Hartly of the Christie St. Hospital. Mrs. Jack Bell, Miss Maud Wilkinson, Mrs. William Black and Mrs. Guy Dingle presided at the tea table. Members who assisted in looking after the numerous guests included the convenor, Mrs. R. Henson, Mrs. D. B. Gillespie, Mrs. J. Duncan, Mrs. N. Lucas, Miss E. Moore, Miss W. Farr, Miss L. Gamble, Mrs. R. Craige and Miss S. Might. Out of town guests, some of whom are members of other units, were Mrs. Mills (N.S. Reynolds) of Bowden, Alta., Mrs. Whitney of Sutton, Mrs. Hogarth of Burlington, Mrs. Oliver of St. Catharines and Miss Abernethy of Kingston.

"OUR BIT"

This volume is in the press and will be ready for distribution in May. If those who have already sent in their orders will kindly remit the pre-publication price ($1.25) to the author, Miss Mabel Clint, 2112 Claremont Ave., Montreal, copies will be mailed them immediately upon publication. Since the edition is limited to one thousand copies, further orders, either from schools of nursing or from individuals, should be sent, accompanied by remittance, to Miss Clint at the above address. Avoid disappointment by ordering at once.

Institute of Public Health
University of Western Ontario

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

OBITUARY

CROSS—Mrs. Helen Cross died recently at her home in Wallaceburg. She was a member of the Florence Nightingale Post of the American Legion and served with the American expeditionary forces in France. Members of the First Baptist Church and of the Wallaceburg Legion attended in a body and a firing party from Chatham rendered the final military salute.

GLEASON—At London, Ontario, early in February, 1934, Mrs. Gleason (Orpha Mendell) of Elora, Ontario. Mrs. Gleason was a member of the class of 1924 of the School of Nursing of the Guelph General Hospital.

HINCHEY—Annie Reabie Hinchey died on February 10, 1934, at the Lakeside Hospital, Cleveland, O. Miss Hinchey served with the first Canadian Contingent and was stationed at No. 2 Stationary Hospital, Boulogne. For the past ten years she has been night superintendent of Lakeside Hospital, Cleveland. After a service held at the hospital, services were conducted in Chatham, Ontario, by Rev. A. C. Calder. Miss Hinchey was a graduate of Kingston General Hospital. Members of the local branch of the Canadian Legion formed a firing squad, and the 24th Kent Regiment Chapter of the I.O.D.E., of which Miss Hinchey was an honorary member, attended her funeral.

McTAGGART—At Toronto, on March 4, 1934, Rose McTaggart, a member of the class of 1909 of the School of Nursing of the Montreal General Hospital.

ROBBINS—Suddenly, in New York, on February 23, 1934, Mrs. J. R. Robbins (Evelyn Whitney), a member of the class of 1925, of the School of Nursing of the Montreal General Hospital.

ROBINSON—At the Montreal General Hospital, on February 16, 1934, after a brief illness, Bessie Robinson, a member of the class of 1903 of the School of Nursing of the Montreal General Hospital.

So be my passing!
My task accomplished and the long day done.
My wages taken, and in my heart
Some late lark singing,
Let me be gathered to the quiet west,
The sundown splendid and serene,
Death.

W. E. HENLEY.

Official Directory

International Council of Nurses:
Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

CANADIAN NURSES ASSOCIATION

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Numerals preceding names indicate office held, viz.: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss J. Clow, 11138-82nd Ave., Edmonton.

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QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; *Conveners of Standing Committees: Nursing Education*, Miss Gertrude M. Watson, City Hospital, Saskatoon; *Public Health*, Mrs. E. M. Feeney, Department of Public Health, Regina; *Private Duty*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Mrs. Westman, 800 Cassair St., Vancouver; First Vice-President, Miss Jane Johnstone, Steveston, B.C.; Second Vice-President, Miss E. Berry, St. Paul's Hospital; Secretary, Miss F. Walker, Vancouver General Hospital; Treasurer, Miss L. Archibald, 536 West 12th Ave.; Council, Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. Finance, Miss Teulon, 1385 West 11th Ave.; Directory, Miss K. Motherwell, 1947 West 10th Ave.; Social, Miss A. J. MacLeod, Vancouver General Hospital; Programme, Miss B. Donaldson, St. Paul's Hospital; Sick Visiting, Miss C. Cooker, Vancouver General Hospital; Membership, Mrs. Blankenbach, 1816 West 36th Ave.; Local Council of Women, Misses Duffield and Gray; Press, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Graduate Nurses Alumnae, Welland

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QUEBEC

Graduate Nurses Association of the Eastern Townships

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MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; *Conveners of Committees: Nursing Education*, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; *Private Duty*, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; *Public Health*, Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitution and By-Laws, Miss E. Lamond; Representative to *The Canadian Nurse*, Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Holy Cross Hospital, Calgary

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A.A., Royal Alexandra Hospital, Edmonton

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A.A. University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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A.A., Jubilee Hospital, Victoria

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MANITOBA

A.A., Children's Hospital, Winnipeg

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A.A., St. Boniface Hospital, St. Boniface

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A.A., Saint John General Hospital

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A.A., L. P. Fisher Memorial Hospital, Woodstock

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ONTARIO

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A.A., Belleville General Hospital

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A.A., Brantford General Hospital

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A.A., St. Joseph's Hospital

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A.A., Cornwall General Hospital

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A.A., Galt Hospital

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A.A., Guelph General Hospital

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A.A., Hamilton General Hospital

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Orillia Soldiers' Memorial Hospital

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1918)

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A.A., Ottawa Civic Hospital

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A.A., Ottawa General Hospital

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A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; Central Registry, Misses M. Wilson, S. Carmichael; Nominating Committee, Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

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A.A., Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss F. Rae; First Vice-President, Miss M. Paton; Second Vice-President, Miss J. Agnew; Secretary, Miss A. Robertson, 473-12th St. W.; Treasurer, Miss A. Weedon; Pianist, Miss R. Dunoon; Flower Committee, Mrs. McMillan; Programme Committee, Miss M. Cruickshank; Sick Committee, Miss M. Sim; Press Representative, Miss H. Walden; Refreshment Committee, Miss C. Penner; Auditor, Mrs. Johnston.

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A.A., Nicholls Hospital

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A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson, Representative to *The Canadian Nurse*, Miss C. Medcroft; Flower Committee (Convener), Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Miss L. Attwood; Vice-President, Miss M. McMaster; Secretary-Treasurer, Mrs. K. Snider, 36 Douglas St.; Social Convener, Miss A. Rock; Flower Convener; Miss C. Staples.

ST. CATHERINES

A.A., Mack Training School

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ST. THOMAS

A.A., Memorial Hospital

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TORONTO

A.A., Grace Hospital

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A.A., The Grant MacDonald Training School for Nurses

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. . . OFF . . . DUTY . . .

The other day . . . being in a domestic mood . . . we sallied forth . . . to a sale of blankets . . . very nice they were too . . . exotic lavender affairs . . . bound with satin . . . apricot and rose . . . pink and pastel blue . . . but we steeled ourselves . . . against these ridiculous extravagances . . . and went over to . . . a counter marked . . . "greatly reduced for clearance" . . . we successfully evaded . . . a saleslady with sanguinary finger nails . . . and encountered a grey-haired sales gentleman . . . who took us in charge . . . "Now those Scotch blankets" . . . said he benevolently . . . "are worth considering . . . not much to look at . . . but very electric" . . . assuming a knowledge . . . we do not possess . . . we said it was highly important . . . that blankets purchased by us . . . should be electrified . . . "of course", said he . . . "it depends upon whether you . . . are electrical yourself" . . . we said we were afraid we weren't . . . at last not very . . . however we scuffed our feet . . . on the carpet . . . and elicited quite a spark . . . from the blankets . . . the sales gentleman said . . . we were pretty good . . . but that he was better . . . and he was . . . he managed to call forth . . . a much longer and bluer spark . . . than we did . . . after we had become . . . the proud possessor . . . of the sensible Scotch blankets . . . we found ourselves regretting . . . those lovely pastel shades . . . and we thought of all the blankets . . . we had seen . . . in our professional career . . . gray bath blankets . . . horrid things . . . badly shrunk yellowish blankets . . . which slipped out . . . when you tried to make . . . neat envelope corners . . . on the beds . . . bloodstained blankets . . . on ambulance stretchers . . . hot pack blankets . . . wrung out like long snakes . . . red blankets in English hospitals . . . gay in the firelight . . . baby blankets . . . these were nice . . . blankets on trains . . . dark brown, heavy and cold . . . white blankets on clothes lines . . . blowing in the prairie wind . . . a blanket used as a sail . . . in a birchbark canoe . . . a dangerous procedure . . . unless you are an Indian . . . and not very safe even then . . . but the most beautiful blanket . . . we ever saw . . . was a deep crimson . . . and was draped . . . like a Greek robe over the shoulders . . . of an Indian chief . . . who might well have been . . . the model for Rodin's statue . . . "The Age of Bronze" . . . since that time . . . (it was before the movies came) . . . we have seen kings and rulers . . . but none of them . . . could have worn . . . that crimson blanket . . . with such a natural majesty . . . when the time came . . . for this Chief to explore . . . those far hunting grounds . . . of his race . . . which lie east of the sun . . . and west of the moon . . . he went with his crimson robe . . . draped about him . . . as a king should . . .

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